



South Burlington Fire Department

575 Dorset Street
South Burlington, VT 05403
(802) 846-4134
Fax (802) 846-4125
www.sburl.com



Fire Pump - Permit Application

PLEASE PRINT

Section A, Site Information: *Complete for all permits*

Name of Building/Site:			
Former Building Name:			
Physical Location:			
(9-1-1 Address)	<i>Number and Street name, city/town, zip code</i>		
Name of Lessee:			
(if business)			
Building Owner Name:			
Owner Mailing Address		Zip Code	
Owner Phone Number:	()		

Section B: Fire Pump Project Information: *The fire pump will support - check all that apply:*

- | | |
|--|---|
| <input type="checkbox"/> Class I or III Standpipe System | <input type="checkbox"/> Fire Sprinkler System |
| <input type="checkbox"/> Shared between buildings in a complex | <input type="checkbox"/> Private hydrant system |
| <input type="checkbox"/> Specialty Suppression System | <input type="checkbox"/> Other |

Section C: Fire Pump Information:

Manufacturer: _____ Model: _____ Type: ☐ Diesel
GPM: _____ @ _____ psi ☐ Electric

This application must be accompanied by the following:

- Electric fire pumps must be accompanied with a letter from GMP indicating service reliability as per NFPA 20.
- Manufacturer's specifications and information for each type of system component being installed.

NOTE: The installer must also file an Electrical Work Notice with Vermont Division of Fire Safety prior to the start of the project.

*FOR OFFICE USE ONLY – DO NOT WRITE BELOW *

Site#	Project #	Received Date:	Reviewer:
Check #	Amount	Event #:	Approval Date:
Check From:			

Section F, Project Valuation and Permit Fee: *Complete for all permits. Make check payable to **City of South Burlington** and include with this application.*

Fire Pump Permit Fees			
System Design	Costs	Fee Schedule	Fee summation
** NFPA 20 compliant fire pump and associated components		Cost X \$ 0.007	
Electrical		Cost X \$ 0.007	
Fire alarm		Cost X \$ 0.007	
Consulting		Cost X \$ 0.007	
Other		Cost X \$ 0.007	
Total		Fee schedule total	

Applicant's Company Name:		
Contact Person:	Position:	
Address:		
City:	State: Zip:	E-mail:
Phone Number:	Fax:	

I hereby certify that the information contained within this application is correct and accurate.

Signature of Applicant:_____ **Date:** _____